

EXHIBIT L

Food World Pharmacy Medical Records

03-Aug-07

Patient Medical Expenses
01/01/97 To 08/02/07

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DANIEL BRYAN KELLEY
800 PINEVIEW LANE
SYLACAUGA AL 35150Food World #068
1301 Ft. Williams
Sylacuga AL 35150

PATLIST7

| Date | Rx# | Qty | Unit | Days | Product Name | NDC | Br/Gen | Prescriber Name | DEA # | Total | Paid |
|----------|---------|-----|------|------|-----------------------|---------------|---------|-----------------|-----------|-------|-------|
| 01/30/00 | 6416589 | 30 | TAB | 10 | VEETIDS 250mg | 00003-0115-50 | Brand | K.SIDDIQI | BS4052899 | 4.73 | 4.73 |
| 10/17/01 | 4417348 | 120 | ML | 4 | B-TUSS SUGAR FREE | 51674-0645-07 | Generic | M.COCHRAN | BC1701184 | 8.37 | 8.37 |
| 03/19/02 | 4420922 | 15 | TAB | 15 | ALPRAZOLAM 0.25mg | 00781-1061-10 | Generic | W.SIEFERT | AS9716549 | 7.99 | 7.99 |
| 03/19/02 | 4420923 | 60 | TAB | 60 | HYDROCODONE/APAP 7.5/ | 00406-0358-01 | Generic | W.SIEFERT | AS9716549 | 20.49 | 20.49 |
| 03/22/02 | 4420923 | 60 | TAB | 30 | HYDROCODONE/APAP 7.5/ | 00406-0358-01 | Generic | W.SIEFERT | AS9716549 | 20.49 | 20.49 |
| 03/22/02 | 4420922 | 15 | TAB | 30 | ALPRAZOLAM 0.25mg | 00781-1061-10 | Generic | W.SIEFERT | AS9716549 | 7.99 | 7.99 |
| 05/04/02 | 4421936 | 20 | TAB | 5 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | A.LADIPO | BL5971999 | 13.99 | 13.99 |
| 05/04/02 | 6492156 | 15 | TAB | 5 | CYCLOBENZAPRINE 10mg | 00591-5658-01 | Generic | A.LADIPO | BL5971999 | 11.19 | 11.19 |
| 05/28/02 | 4422419 | 20 | TAB | 3 | PROPO-N/APAP 100-650W | 00093-0490-05 | Generic | R.PEARSON | BP2067951 | 12.49 | 12.49 |
| 06/12/02 | 6495687 | 120 | ML | 2 | M-END DM SYRUP | 12830-0810-16 | Brand | L.DEICHMANN | BD6668137 | 10.39 | 10.39 |
| 09/06/02 | 6503423 | 20 | TAB | 10 | VEETIDS 500mg | 00003-0116-50 | Generic | M.SWEARINGEN | BS3731848 | 8.09 | 8.09 |
| 09/25/02 | 4425120 | 30 | TAB | 30 | ALPRAZOLAM 1mg | 00781-1079-01 | Generic | G.BULLOCK | BB7140192 | 10.99 | 10.99 |
| 10/01/02 | 4425269 | 30 | TAB | 10 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 18.49 | 18.49 |
| 10/14/02 | 4425591 | 30 | TAB | 7 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 18.49 | 18.49 |
| 10/22/02 | 6507722 | 120 | ML | 10 | DM/PE/CPM | 00677-1803-33 | Generic | M.SWEARINGEN | BS3731848 | 13.09 | 13.09 |
| 12/10/02 | 2405565 | 23 | TAB | 12 | MORPHINE SULFATE ER 3 | 60951-0653-70 | Generic | G.BULLOCK | BB7140192 | 42.59 | 42.59 |
| 12/10/02 | 2405565 | 7 | TAB | 3 | .MS CONTIN 30mg | 00034-0515-10 | Brand | G.BULLOCK | BB7140192 | 18.09 | 18.09 |
| 12/10/02 | 4427149 | 45 | TAB | 8 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 25.19 | 25.19 |
| 12/16/02 | 4427149 | 45 | TAB | 8 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 25.19 | 25.19 |
| 12/26/02 | 4427149 | 45 | TAB | 8 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 25.19 | 25.19 |
| 12/29/02 | 4427149 | 45 | TAB | 8 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 25.19 | 25.19 |
| 01/13/03 | 2405821 | 30 | TAB | 7 | ROXICET TAB 5-325mg | 00054-4650-25 | Generic | G.BULLOCK | BB7140192 | 6.58 | 6.58 |
| 01/14/03 | 4428081 | 30 | TAB | 30 | ALPRAZOLAM 0.5mg | 00378-4003-05 | Generic | G.BULLOCK | BB7140192 | 4.48 | 4.48 |
| 01/21/03 | 4428310 | 60 | TAB | 15 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 12.30 | 12.30 |
| 01/21/03 | 4428311 | 60 | TAB | 30 | ALPRAZOLAM 0.5mg | 00378-4003-05 | Generic | G.BULLOCK | BB7140192 | 5.96 | 5.96 |
| 01/21/03 | 2405884 | 30 | TAB | 15 | OXYCONTIN 10mg CR | 59011-0100-10 | Brand | G.BULLOCK | BB7140192 | 38.08 | 38.08 |
| 01/22/03 | 2405893 | 30 | TAB | 5 | ROXICET TAB 5-325mg | 00054-4650-25 | Generic | A.CORDOVER | BC5507693 | 6.58 | 6.58 |
| 02/04/03 | 4428311 | 60 | TAB | 30 | ALPRAZOLAM 0.5mg | 00378-4003-05 | Generic | G.BULLOCK | BB7140192 | 5.96 | 5.96 |
| 02/04/03 | 4428310 | 60 | TAB | 15 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 12.30 | 12.30 |
| 02/15/03 | 4428310 | 60 | TAB | 15 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 12.30 | 12.30 |
| 02/21/03 | 6522475 | 15 | TAB | 5 | ULTRACET | 00045-0650-60 | Brand | M.SWEARINGEN | BS3731848 | 15.75 | 15.75 |
| 02/21/03 | 6522475 | 15 | TAB | 15 | ULTRACET | 00045-0650-60 | Brand | M.SWEARINGEN | BS3731848 | 15.75 | 15.75 |
| 03/02/03 | 4428310 | 60 | TAB | 15 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 12.30 | 12.30 |
| 03/07/03 | 4428311 | 60 | TAB | 30 | ALPRAZOLAM 0.5mg | 00378-4003-05 | Generic | G.BULLOCK | BB7140192 | 5.96 | 5.96 |
| 03/16/03 | 4428310 | 60 | TAB | 15 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | G.BULLOCK | BB7140192 | 12.30 | 12.30 |
| 04/24/03 | 4431329 | 60 | TAB | 20 | CARISOPRODOL 350mg | 00591-5513-01 | Generic | L.DEICHMANN | BD6668137 | 17.57 | 17.57 |
| 05/15/03 | 6532509 | 5 | TAB | 5 | SEROQUEL 200mg | 00310-0272-10 | Brand | M.HOWELL | BH1405869 | 28.58 | 28.58 |
| 05/20/03 | 6532509 | 5 | TAB | 5 | SEROQUEL 200mg | 00310-0272-10 | Brand | M.HOWELL | BH1405869 | 28.58 | 28.58 |
| 05/21/03 | 6533107 | 100 | ML | 2 | LIDOCAINE VISCOUS 2% | 00472-0996-33 | Generic | A.LADIPO | BL5971999 | 6.76 | 6.76 |
| 05/21/03 | 6533110 | 6 | TAB | 5 | ZITHROMAX ZPAK 250mg | 00069-3060-75 | Brand | D.STANFORD | BS0222327 | 43.32 | 43.32 |
| 05/21/03 | 4432112 | 8 | CAP | 2 | AMIDRINE | 52152-0039-02 | Generic | D.STANFORD | BS0222327 | 5.70 | 5.70 |
| 05/24/03 | 6532509 | 5 | TAB | 5 | SEROQUEL 200mg | 00310-0272-10 | Brand | M.HOWELL | BH1405869 | 28.58 | 28.58 |
| 05/27/03 | 4432207 | 10 | TAB | 2 | HYDROCODONE/APAP 5-50 | 00406-0357-05 | Generic | W.HAWLEY | AH7022510 | 5.17 | 5.17 |
| 05/28/03 | 4428311 | 60 | TAB | 30 | ALPRAZOLAM 0.5mg | 00378-4003-05 | Generic | G.BULLOCK | BB7140192 | 7.19 | 7.19 |
| 06/10/03 | 4432634 | 4 | TAB | 1 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | D.STANFORD | BS0222327 | 5.08 | 5.08 |
| 06/21/03 | 4428311 | 60 | TAB | 30 | ALPRAZOLAM 0.5mg | 00378-4003-05 | Generic | G.BULLOCK | BB7140192 | 7.19 | 7.19 |
| 06/25/03 | 4433009 | 8 | TAB | 2 | HYDROCODONE/APAP 7.5/ | 00406-0358-01 | Generic | A.LADIPO | BL5971999 | 5.34 | 5.34 |
| 06/25/03 | 6536358 | 20 | TAB | 10 | NAPROXEN 500mg | 00093-0149-01 | Generic | A.LADIPO | BL5971999 | 7.05 | 7.05 |
| 08/06/03 | 4434118 | 18 | TAB | 9 | PHENOBARBITAL 1/2GR | 00603-5166-32 | Generic | H.STRICKLER | BS0515669 | 4.85 | 4.85 |

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800 PINEVIEW LANE
SYLACAUGA AL 35150Food World #068
1301 Ft. Williams
Sylacuga AL 35150

PATLIST7

| Date | Rx# | Qty | Unit | Days | Product Name | NDC | Br/Gen | Prescriber Name | DEA # | Total | Paid |
|----------|---------|-----|------|------|-----------------------|---------------|---------|-----------------|-----------|--------|--------|
| 09/02/03 | 4434869 | 24 | TAB | 3 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | W.PINSON | AP5134945 | 8.00 | 8.00 |
| 10/31/03 | 6549733 | 10 | TAB | 10 | ZYPREXA 20mg | 00002-4420-60 | Brand | M.ALDAHER | BS3780740 | 171.21 | 171.21 |
| 10/31/03 | 4436561 | 10 | TAB | 10 | CLONAZEPAM 1mg | 00093-0833-01 | Generic | M.ALDAHER | BS3780740 | 5.31 | 5.31 |
| 11/03/03 | 4436588 | 30 | TAB | 7 | LORCET PLUS 7.5-650mg | 00785-1122-01 | Brand | A.LADIPO | BL5971999 | 30.73 | 30.73 |
| 11/13/03 | 6549847 | 60 | TAB | 30 | METHOCARBAMOL 750mg | 00603-4486-21 | Generic | A.LADIPO | BL5971999 | 17.70 | 17.70 |
| 11/13/03 | 6551228 | 2 | TAB | 1 | ZYPREXA 2.5mg | 00002-4112-60 | Brand | J.JAMES | AJ5646510 | 13.82 | 13.82 |
| 11/15/03 | 6551235 | 3 | TAB | 3 | ZYPREXA 5mg | 00002-4115-60 | Brand | J.JAMES | AJ5646510 | 21.59 | 21.59 |
| 11/18/03 | 6551235 | 3 | TAB | 3 | ZYPREXA 5mg | 00002-4115-60 | Brand | J.JAMES | AJ5646510 | 21.59 | 21.59 |
| 11/22/03 | 6551235 | 3 | TAB | 3 | ZYPREXA 5mg | 00002-4115-60 | Brand | J.JAMES | AJ5646510 | 21.59 | 21.59 |
| 08/05/04 | 6579774 | 30 | TAB | 15 | DEPAKOTE 250mg | 00074-6214-13 | Brand | J.JAMES | AJ5646510 | 34.82 | 3.48 |
| 08/05/04 | 4444302 | 20 | CAP | 20 | .SONATA 10mg | 00008-0926-81 | Brand | J.JAMES | AJ5646510 | 54.65 | 4.84 |
| 08/25/04 | 2410121 | 10 | TAB | 5 | .ENDODAN | 60951-0610-70 | Brand | N.XAVIER | AX8505820 | 11.03 | 1.10 |
| 08/25/04 | 6581710 | 30 | TAB | 30 | SEROQUEL 100mg | 00310-0271-10 | Brand | N.XAVIER | AX8505820 | 86.90 | 7.35 |
| 08/25/04 | 6581711 | 30 | TAB | 30 | SEROQUEL 200mg | 00310-0272-10 | Brand | N.XAVIER | AX8505820 | 162.17 | 13.69 |
| 08/25/04 | 4444792 | 60 | TAB | 30 | CLONAZEPAM 1mg | 00093-0833-01 | Generic | N.XAVIER | AX8505820 | 10.38 | 10.38 |
| 08/25/04 | 6581712 | 15 | TAB | 30 | .ZOLOFT 100mg | 00049-4910-66 | Brand | N.XAVIER | AX8505820 | 39.50 | 3.84 |
| 09/15/04 | 4444302 | 20 | CAP | 20 | .SONATA 10mg | 00008-0926-81 | Brand | J.JAMES | AJ5646510 | 54.65 | 4.84 |
| 09/23/04 | 4445538 | 60 | TAB | 30 | CLONAZEPAM 1mg | 00093-0833-01 | Generic | N.XAVIER | AX8505820 | 10.38 | 10.38 |
| 09/23/04 | 6584732 | 180 | TAB | 30 | CHLORPROMAZINE 50mg | 00832-0302-00 | Generic | N.XAVIER | AX8505820 | 69.10 | 6.91 |
| 09/23/04 | 6584734 | 120 | CAP | 30 | LITHIUM CARB CAP 300m | 00054-2527-25 | Generic | N.XAVIER | AX8505820 | 20.73 | 9.93 |
| 09/23/04 | 6584735 | 45 | TAB | 30 | .ZOLOFT 100mg | 00049-4910-66 | Brand | N.XAVIER | AX8505820 | 114.50 | 15.00 |
| 10/12/04 | 4446099 | 45 | TAB | 30 | CLONAZEPAM 1mg | 00093-0833-01 | Generic | J.CASTRO | BC3135818 | 9.16 | 9.16 |
| 10/12/04 | 6586802 | 10 | TAB | 10 | PAXIL CR 25mg | 00029-3207-13 | Brand | J.CASTRO | BC3135818 | 28.45 | 26.44 |
| 10/13/04 | 6586801 | 13 | TAB | 4 | SEROQUEL 100mg | 00310-0271-10 | Brand | J.CASTRO | BC3135818 | 38.79 | 32.98 |
| 10/28/04 | 6586801 | 32 | TAB | 11 | SEROQUEL 100mg | 00310-0271-10 | Brand | J.CASTRO | BC3135818 | 92.57 | 78.28 |
| 11/11/04 | 6589908 | 15 | TAB | 15 | SEROQUEL 200mg | 00310-0272-10 | Brand | V.LAW | BL5525297 | 82.08 | 69.44 |
| 11/18/04 | 2410807 | 30 | TAB | 10 | OXYCODONE/APAP 5-325m | 00406-0512-05 | Generic | V.LAW | BL5525297 | 4.90 | 4.90 |
| 11/18/04 | 6590522 | 10 | TAB | 3 | SEROQUEL 100mg | 00310-0271-10 | Brand | V.LAW | BL5525297 | 30.30 | 25.83 |
| 11/18/04 | 4447149 | 60 | TAB | 30 | CLONAZEPAM 1mg | 00093-0833-01 | Generic | V.LAW | BL5525297 | 10.38 | 10.38 |
| 11/21/04 | 6590822 | 5 | TAB | 3 | LEXAPRO 10MG | 00456-2010-01 | Brand | V.LAW | BL5525297 | 12.56 | 12.10 |
| 04/11/05 | 6590522 | 6 | TAB | 6 | SEROQUEL 100mg | 00310-0271-10 | Brand | V.LAW | BL5525297 | 20.00 | 1.70 |
| 04/11/05 | 6606243 | 4 | TAB | 2 | SEROQUEL 200mg | 00310-0272-10 | Brand | S.KHAN | BK5532521 | 24.64 | 2.09 |
| 04/11/05 | 6606244 | 4 | TAB | 2 | CARBAMAZEPINE 200mg | 00093-0109-01 | Generic | S.KHAN | BK5532521 | 2.91 | 0.29 |
| 04/11/05 | 6606246 | 2 | TAB | 2 | CITALOPRAM 20mg TABS | 55111-0343-01 | Generic | S.KHAN | BK5532521 | 3.38 | 0.34 |
| 04/11/05 | 4451203 | 8 | TAB | 2 | CLONAZEPAM 1mg | 00093-0833-01 | Generic | S.KHAN | BK5532521 | 6.15 | 6.15 |
| 04/12/05 | 6606246 | 7 | TAB | 7 | CITALOPRAM 20mg TABS | 55111-0343-01 | Generic | S.KHAN | BK5532521 | 5.57 | 0.56 |
| 04/12/05 | 6606244 | 14 | TAB | 7 | CARBAMAZEPINE 200mg | 00093-0109-01 | Generic | S.KHAN | BK5532521 | 3.94 | 0.39 |
| 04/12/05 | 6606243 | 14 | TAB | 7 | SEROQUEL 200mg | 00310-0272-10 | Brand | S.KHAN | BK5532521 | 81.23 | 6.81 |
| 04/12/05 | 4451203 | 28 | TAB | 7 | CLONAZEPAM 1mg | 00093-0833-01 | Generic | S.KHAN | BK5532521 | 7.78 | 7.78 |
| 04/19/05 | 4451203 | 120 | TAB | 30 | CLONAZEPAM 1mg | 00093-0833-01 | Generic | S.KHAN | BK5532521 | 15.26 | 15.26 |
| 04/19/05 | 6606243 | 60 | TAB | 30 | SEROQUEL 200mg | 00310-0272-10 | Brand | S.KHAN | BK5532521 | 341.55 | 28.54 |
| 04/19/05 | 6606246 | 30 | TAB | 30 | CITALOPRAM 20mg TABS | 55111-0343-01 | Generic | S.KHAN | BK5532521 | 14.80 | 1.48 |
| 04/19/05 | 6606244 | 60 | TAB | 30 | CARBAMAZEPINE 200mg | 00093-0109-01 | Generic | S.KHAN | BK5532521 | 8.68 | 0.87 |
| 05/26/05 | 4451203 | 84 | TAB | 21 | CLONAZEPAM 1mg | 00228-3004-50 | Generic | S.KHAN | BK5532521 | 12.33 | 12.33 |
| 05/26/05 | 6606244 | 42 | TAB | 21 | CARBAMAZEPINE 200mg | 51672-4005-01 | Generic | S.KHAN | BK5532521 | 6.83 | 0.68 |
| 05/26/05 | 6606246 | 21 | TAB | 21 | CITALOPRAM 20mg TABS | 55111-0343-01 | Generic | S.KHAN | BK5532521 | 11.11 | 1.11 |
| 06/21/05 | 6606243 | 42 | TAB | 21 | SEROQUEL 200mg | 00310-0272-10 | Brand | S.KHAN | BK5532521 | 239.69 | 22.63 |
| 09/13/06 | 6655497 | 32 | TAB | 32 | SEROQUEL 400mg | 00310-0279-10 | Brand | D.FABER | AF1992088 | 291.00 | 5.00 |
| 09/25/06 | 4463896 | 60 | TAB | 30 | HYDROCODONE/APAP 10/6 | 00406-0361-01 | Generic | A.ELKHIER | BE6631320 | 12.90 | 2.00 |

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DANIEL BRYAN KELLEY
800 PINEVIEW LANE
SYLACAUGA AL 35150Food World #068
1301 Ft. Williams
Sylacuga AL 35150

PATLIST7

| Date | Rx# | Qty | Unit | Days | Product Name | NDC | Br/Gen | Prescriber Name | DEA # | Total | Paid |
|----------|---------|-------|------|------|-----------------------|---------------|---------|-----------------|-----------|--------|-------|
| 10/02/06 | 6657045 | 10 | TAB | 10 | LEVAQUIN 500mg | 00045-1525-50 | Brand | A.ELKHIER | BE6631320 | 106.40 | 5.00 |
| 10/02/06 | 4464002 | 20 | TAB | 5 | HYDROCODONE/APAP 7.5/ | 00406-0359-05 | Generic | A.LADIPO | BL5971999 | 4.82 | 2.00 |
| 10/07/06 | 6655497 | 32 | TAB | 32 | SEROQUEL 400mg | 00310-0279-10 | Brand | D.FABER | AF1992088 | 291.00 | 5.00 |
| 11/11/06 | 2415995 | 60 | TAB | 30 | MORPHINE SULFATE ER 1 | 00406-8315-01 | Generic | D.UAB | AU4362062 | 44.31 | 2.00 |
| 11/11/06 | 7407631 | 20 | CAP | 10 | DOCUSATE SOD 100mg | 00536-3756-01 | Generic | D.UAB | AU4362062 | 3.00 | 3.00 |
| 11/11/06 | 2415996 | 40 | TAB | 10 | OXYCODONE/APAP 5-325m | 00406-0512-01 | Generic | D.UAB | AU4362062 | 7.20 | 2.00 |
| 11/13/06 | 6655497 | 32 | TAB | 32 | SEROQUEL 400mg | 00310-0279-10 | Brand | D.FABER | AF1992088 | 291.00 | 5.00 |
| 11/18/06 | 4465027 | 30 | TAB | 5 | HYDROCODONE/APAP 7.5/ | 00406-0358-05 | Generic | C.ROBERT | AU4362062 | 7.22 | 2.00 |
| 11/21/06 | 4465071 | 12 | TAB | 4 | HYDROCODONE/APAP 10/5 | 00591-0540-01 | Generic | W.PITTMAN | BP1398127 | 7.06 | 2.00 |
| 11/21/06 | 6661554 | 6 | TAB | 5 | AZITHROMYCIN ZPAK 250 | 59762-3060-01 | Generic | W.PITTMAN | BP1398127 | 30.36 | 2.00 |
| 11/21/06 | 7407654 | 240 | ML | 10 | Q-TUSSIN DM SYR 100-1 | 00603-0855-58 | Generic | W.PITTMAN | BP1398127 | 8.95 | 8.95 |
| 12/06/06 | 6663040 | 30 | TAB | 10 | METHOCARBAMOL 500mg | 00603-4485-21 | Generic | D.UAB | AU4362062 | 7.06 | 2.00 |
| 12/06/06 | 4465416 | 30 | TAB | 5 | HYDROCODONE/APAP 7.5/ | 00406-0358-05 | Generic | D.UAB | AU4362062 | 7.22 | 2.00 |
| 12/12/06 | 4465550 | 30 | TAB | 7 | HYDROCODONE/APAP 5-50 | 00406-0357-05 | Generic | D.VOLGAS | BV5767857 | 4.50 | 2.00 |
| 12/17/06 | 6655497 | 32 | TAB | 32 | SEROQUEL 400mg | 00310-0279-10 | Brand | D.FABER | AF1992088 | 291.00 | 5.00 |
| 01/23/07 | 2416443 | 90 | TAB | 30 | OXYCODONE/APAP 5-325m | 00406-0512-05 | Generic | W.PINSON | AP5134945 | 28.89 | 28.89 |
| 01/23/07 | 4466500 | 30 | TAB | 30 | ALPRAZOLAM 1mg | 59762-3721-01 | Generic | W.PINSON | AP5134945 | 13.39 | 13.39 |
| 02/02/07 | 6667503 | 60 | TAB | 30 | SEROQUEL 200mg | 00310-0272-10 | Brand | W.PINSON | AP5134945 | 370.12 | 5.35 |
| 02/08/07 | 4466591 | 90 | TAB | 30 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | A.ELKHIER | BE6631320 | 12.33 | 2.15 |
| 02/19/07 | 4466500 | 30 | TAB | 30 | ALPRAZOLAM 1mg | 59762-3721-01 | Generic | W.PINSON | AP5134945 | 15.89 | 15.89 |
| 03/10/07 | 4467579 | 90 | TAB | 30 | CLONAZEPAM 1mg | 00228-3004-50 | Generic | J.CASTRO | BC3135818 | 16.71 | 5.00 |
| 03/22/07 | 4466500 | 30 | TAB | 30 | ALPRAZOLAM 1mg | 59762-3721-01 | Generic | W.PINSON | AP5134945 | 4.79 | 4.79 |
| 03/27/07 | 4467905 | 90 | TAB | 30 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | W.PINSON | AP5134945 | 12.33 | 2.15 |
| 03/27/07 | 6673316 | 30 | GM | 15 | FLUOCINONIDE CRE 0.05 | 00168-0139-30 | Generic | W.PINSON | AP5134945 | 6.01 | 2.15 |
| 04/02/07 | 6673750 | 60 | TAB | 30 | SEROQUEL 300mg | 00310-0274-60 | Brand | J.CASTRO | BC3135818 | 484.74 | 5.35 |
| 04/09/07 | 4467579 | 90 | TAB | 30 | CLONAZEPAM 1mg | 00228-3004-50 | Generic | J.CASTRO | BC3135818 | 16.71 | 5.00 |
| 04/20/07 | 6655498 | 30 | TAB | 30 | CITALOPRAM 20mg TABS | 00172-4741-60 | Generic | D.FABER | AF1992088 | 11.27 | 2.15 |
| 04/26/07 | 4467905 | 90 | TAB | 30 | HYDROCODONE/APAP 7.5/ | 00406-0359-01 | Generic | W.PINSON | AP5134945 | 12.33 | 2.15 |
| 04/30/07 | 4466500 | 30 | TAB | 30 | ALPRAZOLAM 1mg | 59762-3721-01 | Generic | W.PINSON | AP5134945 | 4.79 | 4.79 |
| 04/30/07 | 6671920 | 60 | TAB | 30 | SEROQUEL 300mg | 00310-0274-60 | Brand | J.CASTRO | BC3135818 | 484.74 | 5.35 |
| 05/19/07 | 6667503 | 60 | TAB | 30 | SEROQUEL 200mg | 00310-0272-10 | Brand | W.PINSON | AP5134945 | 370.12 | 5.35 |
| 05/30/07 | 6671920 | 60 | TAB | 30 | SEROQUEL 300mg | 00310-0274-60 | Brand | J.CASTRO | BC3135818 | 484.74 | 5.35 |
| 05/30/07 | 4466500 | 30 | TAB | 30 | ALPRAZOLAM 1mg | 59762-3721-01 | Generic | W.PINSON | AP5134945 | 4.79 | 4.79 |
| 04/20/07 | 6671919 | 120 | TAB | 30 | TEGRETOL XR 200mg | 00083-0062-30 | Brand | J.CASTRO | BC3135818 | 82.90 | 5.35 |
| 05/30/07 | 6671919 | 120 | TAB | 30 | TEGRETOL XR 200mg | 00083-0062-30 | Brand | J.CASTRO | BC3135818 | 88.58 | 5.35 |
| 06/08/07 | 4469303 | 60 | TAB | 30 | CLONAZEPAM 0.5mg | 00228-3003-11 | Generic | D.FABER | AF1992088 | 9.92 | 5.00 |
| 06/08/07 | 6679429 | 30 | TAB | 30 | CITALOPRAM 20mg TABS | 00172-4741-60 | Generic | D.FABER | AF1992088 | 12.43 | 2.15 |
| 06/13/07 | 6679750 | 8.500 | GM | 16 | PROAIR HFA INHALER | 59310-0579-20 | Generic | A.ELKHIER | BE6631320 | 32.59 | 5.35 |
| 06/26/07 | 6680683 | 30 | TAB | 30 | SEROQUEL 200mg | 00310-0272-10 | Brand | W.PINSON | AP5134945 | 185.94 | 5.35 |
| 07/05/07 | 4466500 | 30 | TAB | 30 | ALPRAZOLAM 1mg | 59762-3721-01 | Generic | W.PINSON | AP5134945 | 4.79 | 4.79 |
| 07/15/07 | 2417437 | 20 | TAB | 5 | OXYCODONE/APAP 10-325 | 00406-0523-01 | Generic | E.DAUGHERTY | BD4236178 | 21.97 | 2.15 |
| 07/15/07 | 6681960 | 20 | TAB | 5 | PROMETHAZINE 25mg | 00591-5307-01 | Generic | E.DAUGHERTY | BD4236178 | 10.71 | 2.15 |
| 07/19/07 | 6682265 | 30 | TAB | 30 | SEROQUEL 400mg | 00310-0279-10 | Brand | A.ELKHIER | BE6631320 | 299.76 | 5.35 |
| 07/19/07 | 6682266 | 30 | CAP | 30 | NEXIUM 40mg CAPS | 00186-5040-82 | Brand | A.ELKHIER | BE6631320 | 143.40 | 5.35 |

Totals for DANIEL BRYAN KELLEY

Date: 03-Aug-07

\$7,474.34 \$1,723.40

Pharmacist Signature: _____

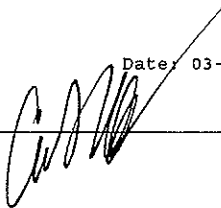
A handwritten signature in black ink, appearing to be 'C. M.', is written over a horizontal line. The signature is stylized and cursive.

EXHIBIT M

Inmate Request Form dated 11/18/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 203-B

DATE: 11-18-03 TIME: 10:30

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

Need my prescriptions Filled
Zyprexa - Anti psychotic 20 mg
Klonopin - Seizures - Anxiety - 2 mg
Flexarol - muscle relaxer - 200 mg
Nurten - nervous - 300 mg
Seroquel - Sleep - 200 mg

Inmate's signature

Daniel Bryan Kelley

Do not write below—for reply only

Noted will check meds. 11/24/2003
KSH

Signature of Jail Officer receiving original request:

EXHIBIT N

**Coosa County Sheriff's Department
Doctor Visit Prescription Form
dated 11/26/03**

Coosa County Sheriff's Department

DOCTOR VISIT - RX FORM

DATE 11/26/2003

INMATE NAME Kelley, Bryan

COMPLAINT Med re-up, check foot for possible fracture.

DOCTOR'S NAME Dr. Wearden

NUMBER OF PRESCRIPTIONS 0 At the present.

HAVING meds transferred from Food World Pharmacy in
Sylacauga to Grew's Drug, also Having Med Records
transferred from His Dr. to Rockford Family Health
Center. (A DRUG FILLED BY GROWS)

Coosa County Sheriff's Department**DOCTOR VISIT – RX FORM**DATE 11/26/2003INMATE NAME KELLEY, DANIEL BRYANCOMPLAINT Sprained Foot.DOCTOR'S NAME DR. Goldhagen Russell ER.NUMBER OF PRESCRIPTIONS 2 Tylenol

Coosa County Sheriff's Department**DOCTOR VISIT – RX FORM**DATE 11/26/2003INMATE NAME Kelley Daniel BryanCOMPLAINT Sprained Foot.DOCTOR'S NAME DR. Goldhagen Russell ER.NUMBER OF PRESCRIPTIONS 2 Tylenol

EXHIBIT O

**Russell Medical Center
Emergency Room dated 11/26/03**

RUSSELL MEDICAL CENTER
P.O. Box 939
Alexander City, AL 35011
256-329-7100

PATIENT REGISTRATION FORM

| | | |
|-----------------------|----------------------|--------------------------------|
| ACCOUNT #: V010451557 | ADMIT DATE: 11/26/03 | MEDICAL RECORD NO: M0124352 |
| ROOM/BED: | ADMIT TIME: 1533 | FINANCIAL CLASS: MC |
| TYPE: REG ER | LOC/SVC/ACC:ER - | SOCIAL SECURITY #: 420-25-6528 |

| | |
|---------------------------------|-----------------------|
| PATIENT NAME: KELLEY, DANIEL B. | DOB: 06/17/71 |
| ADDRESS: 25 TURNPIPE ROAD | AGE: 32 |
| SYLACAUGA, AL 35150 | SEX: M |
| HOME PHONE: (256)249-8067 | RACE: CAUCASIAN |
| COUNTY: TALLADEGA | RELIGION: |
| | MAR. STATUS: DIVORCED |

| | |
|--------------------------------|--|
| PATIENT EMPLOYER UNEMPLOYED | PERSON TO NOTIFY RAY, MELVIN 25 TURNPIPE ROAD SYLACAUGA, AL 35150 (256)249-8067 FATHER |
|--------------------------------|--|

| | | |
|--|-------------|---|
| GUARANTOR KELLEY, DANIEL B. 25 TURNPIPE ROAD SYLACAUGA, AL 35150 (256)249-8067 | 420-25-6528 | NEXT OF KIN RAY, MELVIN 25 TURNPIPE ROAD SYLACAUGA, AL 35150 (256)249-8067 FATHER |
|--|-------------|---|

| | | |
|----------------------------------|--------------------------------|--------------|
| GUARANTOR EMPLOYER UNEMPLOYED | ACCIDENT DATE 11/26/03 | TIME 1533 |
| | Arrival Mode: FAMILY VEHICLE | |
| | Physician1: Goldhagen, Michele | |
| | Physician2: | |

| | | | |
|-----------|---------------|-------------|-------------------|
| INSURANCE | POLICY NUMBER | COVERAGE NO | SUBSCRIBER |
| MEDICARE | 420256528A | | KELLEY, DANIEL B. |
| MEDICAID | 420256528 | | KELLEY, DANIEL B. |

ACCIDENT: DATE ONSET OF SYMPTOMS/ILLNESS

COMMENT:

REASON FOR VISIT: RIGHT FOOT AND BACK PAIN

USER:OE.MGM

IS PATIENT A DIABETIC: N HIPAA PRIVACY NOTIFICATION DATE: 11/26/03

ALLERGIES: CODIENE

X

James

RUSSELL MEDICAL CENTER
EMERGENCY PHYSICIAN RECORD

19

FOOT / ANKLE
INJURY / RAIN
Time Seen: 1:00 Room: CHistorian: patient / EMS /History limited by: Translator
 Y01045155 Kelley, Daniel B.
 ER
 KELLEY, DANIEL B.
 DR. GOLDHAGEN, H
 11/26/2003
 32Y / M 06/17/1971
CHIEF COMPLAINT

- ☐
- Pain to
-
- ☐
- Injury to

 Right
 Left

 Ankle
 Foot
 Toe #
HISTORY OF PRESENT ILLNESS:age: 32 race: W / B / H / O gender: M / FOnset: 3 hrs / days / weeksSeverity of pain: mild moderate severe
pain scale (1-10): 7/10Location of pain: R/L ankle / foot / toe: 1 2 3 4 5Associated injury: yes noCause of injury: ☒ fall ☐ direct blow ☐ laceration
☐ burn ☐ twisted ☐ punctureon steps, slipped on, jail slipperWork Related Injury: YES / NOExacerbation of pain: ☐ nothing ☒ movement
☐ weight bearingAssociated symptoms: ☒ none ☐ fever / chills
☐ paresthesia / numbnessSimilar symptoms previously: YES / NOTetanus status: ☐ Current ☐ > 5 years**ADDITIONAL HISTORY:****PAST MEDICAL HISTORY**

- ☐
- HTN
- ☐
- Asthma
- ☐
- Arthritis
-
- ☐
- Diabetes
- ☐
- DVT
- ☐
- Pulmonary emboli
-
- ☐
- Other:
- Bipolar Disorder

SOCIAL HISTORY
- in county jail at present.
☐ Alcohol ☐ Tobacco ☐ Drugs
☐ Lives alone / spouse / family / nursing home
ALLERGIEScodeine**MEDICATIONS**

- ☐
- Birth control pills

☒ See nurse's notes
☐ NSAID
REVIEW OF SYSTEMS☒ ROS NEGATIVE EXCEPT AS INDICATED☐ ROS cannot be obtained; patient unable to answer questions

Check box if system is normal

- ☐
- Constitutional
-
- ☐
- ENT:
-
- ☐
- Eyes:
-
- ☐
- Resp:
-
- ☐
- CV:
-
- ☐
- GI:
-
- ☐
- GU:
-
- ☐
- Skeletal:
- see HPI
-
- ☐
- Skin:
-
- ☐
- Neuro/Psych
-
- ☐
- Endocrine:

PHYSICAL EXAMHR Bp RR T SaO₂ %**APPEARANCE:**

- ☐
- normal
- ☐
- distressed: mild / moderate / severe

ANKLE

- ☒
- normal
- ☐
- tenderness (see diagram)
-
- ☐
- nontender
- ☐
- swelling / edema
-
- ☐
- no pain with motion
- ☐
- pain on motion / weight bearing
-
- ☐
- nl neurovascular exam
- ☐
- decreased sensation:
-
- ☐
- obvious deformity (see diagram)
-
- ☐
- laceration (see diagram)

FOOT

- ☒
- no deformity
- ☐
- obvious deformity (see diagram)
-
- ☒
- no swelling
- ☐
- swelling / abrasion / ecchymosis
-
- ☒
- no ecchymosis
- ☐
- tenderness
-
- ☒
- skin intact
- ☐
- laceration (see diagram)
-
- ☐
- puncture wound (see diagram)

ANKLE / FOOT NEUROVASCULAR EXAM

- ☒
- nl dorsalis pedis
- ☐
- decreased pulses
-
- ☒
- nl posterior tibialis
- ☐
- decreased sensation
-
- ☒
- nl sensory exam
- ☐
- decreased plantar flexion
-
- ☒
- nl motor exam
- ☐
- decreased dorsiflexion



RUSSELL MEDICAL CENTER
EMERGENCY PHYSICIAN RECORD
PAGE 2

FOOT / ANKLE
INJURY / PAIN



HEENT

☐ normal

NECK

☐ normal

PULMONARY

☐ normal

CARDIAC

☐ normal

ABDOMEN

☐ normal

BACK

☐ normal

SKIN

☐ normal

NEUROLOGICAL

☐ normal

PSYCHIATRIC

☐ normal

RADIOGRAPHS

L/R Ankle: ☐ normalL/R Foot: ☐ normal

Other Radiographs: _____

CBC: ☐ normalBMP: ☐ normalIMMOBILIZATION Application by: ☐ ED physician☐ nurse / tech

- ☐ posterior ankle plaster / fiberglass splint
☐ sugar-tong ankle plaster / fiberglass splint
☐ post-op shoe

MANAGEMENT OF PUNCTURE WOUND

Location of puncture wound _____

☐ plantar surface of R / L foot☐ hand R / L BMP: ☐ normal

- ☐ Wound surface cleansed ☐ betadine ☐ Shurclens
☐ Wound surface opened with # _____ scalpel blade
☐ Wound irrigated ☐ normal saline ☐ shurclens ☐ betadine
☐ Sterile dressing applied
☐ Prophylactic antibiotics _____

WOUND REPAIR NOTE

Description: _____

Location: _____

Length: _____ cm

Anesthesia: _____

topical: _____

local: Lidocaine 1% / 2 %

with / without epinephrine

Linear

Stellar

Smooth margins

Irregular margins

Contaminated

Crushed tissue

Cleansing: _____

Irrigation: saline / shurclens / betadine volume: _____ cc.

Debridement

Foreign body removal

Wound Repair

☐ wound edges revised☐ staples: _____☐ steri-strips only ☐ skin adhesive

| | # of sutures | suture size | material | technique |
|------|--------------|-------------|------------------|-------------------------|
| SKIN | | | nylon / prolene | simple / running / matt |
| SubQ | | | vieryl / chromic | simple / running / matt |
| Deep | | | vieryl / chromic | simple / running / matt |

☐ See Additional Wound Repair Note:

Comments: _____

☐ old records reviewed☐ discussed with Dr.☐ Counselor patient/family test results☐ Discussed risk of infection☐ Admission orders written☐ diagnosis / follow-up

CLINICAL IMPRESSION

L / R Foot (ankle)

fracture - bimalleolar / trimalleolar

dislocation - subtalar / ankle / toe

sprain / strain

contusion

plantar fasciitis

laceration

puncture wound

cellulitis

DISPOSITION (time: 4:45 PM)

☐ home ☐ admit ☐ transferred ☐ AMA ☐ Observation ☐ expireCondition: ☐ stable ☐ fair ☐ good ☐ poor ☐ critical ☐ improvedFollow-up: ☐ ED ☐ PMD ☐ on-call _____ in _____ days

Instructions: _____

Rx: _____

ATTENDING NOTE

☐ Resident/NP/PA note reviewed ☐ pt interviewed ☐ pt examined

Pertinent HPI: _____

My exam reveals: _____

☐ Labs reviewed ☐ X-rays reviewed☐ I agree with above diagnosis ☐ I have reviewed the treatment plan / concur☐ See Addendum SheetNP/PA
MD/DO

ORDERS:**RUSSELL MEDICAL CENTER EMERGENCY DEPARTMENT**

LABS: _____

X-RAYS: _____

MEDICINES / IV / OTHER: _____

DATE: 11/26/03 TIME: 4:00 PM PHYSICIANS SIGNATURE: _____

RUSSELL MEDICAL CENTER

P.O. BOX 939

ALEXANDER CITY, AL 35011

(256) 329-7133

| | | | |
|-----------------------|------------|-------------|---------|
| PATIENT'S NAME: _____ | | DATE: _____ | |
| MEDICATION | DIRECTIONS | DISPENSE | REFILLS |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

_____, M.D.

PRODUCT SELECTION PERMITTED

DEA# _____ ACLS# _____

DISPENSE AS WRITTEN
NO REFILL AFTER SIX MONTHS**RUSSELL MEDICAL CENTER EMERGENCY DEPARTMENT****DISCHARGE INSTRUCTIONS**PATIENT'S NAME: Kelley, DanielContact your physician tomorrow for an appointment for follow-up in 10 days.If no improvement in 2 days, contact your physician for follow-up.

Continue with present medications.

Contact your physician or return to the Emergency Department if symptoms worsen or no relief prior to follow-up appointment.

Since you have no local physician; you have been referred to Dr. _____, phone number _____

Take medications as directed.

Additional Instruction: _____

WORK / SCHOOL NOTE

_____. May return to work / school without restrictions.

_____. May return to restricted duties for _____ days.

Restrictions: _____

_____. Will require time off from work / school, estimated time: _____ days.

_____. Other: _____

_____. No athletics / physical education: _____ days.

_____ was here with relative / child.

I hereby acknowledge that I have received a copy of and understand the above instructions.

X Tamara Larkford
Signature of Patient or Responsible PartyTamara Larkford, RN
Signature of Nursing Personnel

EMERGENCY DEPARTMENT NURSING ASSESSMENT SHEET

PERSONAL PHYSICIAN: Jones ER PHYSICIAN: Goldhagen
NOTIFIED () BEEPED () TIME _____ INT _____ NOTIFIED () TIME _____ INT _____
RESPONDED () TIME _____ RESPONDED () TIME _____

PHYSICIAN ON CALL FOR UNATTACHED PATIENTS _____

010451557 H0124352
ER
KELLEY, DANIEL B.
DR. GOLDHAGEN, M
11/26/2003
32Y /M 06/17/1971

TEMP 99.5 PULSE 70 RESP 20 B/P 112/77 WT _____ CHIEF COMPLAINT: status fell in jail

cell 5 days ago clo pain in R lateral foot

FAMILY NOTIFIED:

YES () NO ()
TIME _____
PERSON _____

POLICE NOTIFIED:

YES () NO () ☒
TIME _____
PERSON present

SOCIAL SERV. NOTIFIED:

YES () NO ()
TIME _____
PERSON _____

CORONER NOTIFIED:

YES () NO ()
TIME _____
PERSON _____

ALLERGIES: NKDA ()

Cocaine

CURRENT MEDICATIONS: Clonazepam 2mg

HS
Zyprexa 800 QD
Mefenacarbamol 750
BID PRN

NURSE J. Holman

TIME 1545

PRIORITY:

EMERGENCY ()
URGENT ()
NONURGENT ()

MODE OF ARRIVAL:

AMBULATORY ()
PERSONAL VEHICLE ()
WHEELCHAIR ()
IN ARMS ()
AMBULANCE ()

TETANUS HK:

UTD HK ()
UNKNOWN ()

PEDIATRIC IMMUNIZATIONS:

UTD ()
UNKNOWN ()

TX PRIOR TO ARRIVAL:

NONE ()
O2 ()
BCLS ()
ACLS ()
IV ()
BACKBOARD ()
C-COLLAR ()
SPLINT ()
BANDAGE ()

PAST MEDICAL HISTORY:

RENAL DZ ()
HEART DZ ()
SEIZURE () for potential
HTN ()
DIABETES ()
COPD / ASTHMA ()
CANCER ()
OTHER ()

| TIME | IV FLUIDS | AMOUNT | SITE | Gauge | NURSE |
|------|-----------|--------|------|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

CODES FOR MEDICATION ADMINISTRATION SITES:

A) LEFT HIP C) LEFT THIGH E) LEFT ARM G) LEFT ABD
B) RIGHT HIP D) RIGHT THIGH F) RIGHT ARM H) RIGHT ABD

| TIME | T | P | R | B/P | Sp O2 | MEDICATION / TREATMENTS | DOSE | ROUTE | SITE | NURSE | COMMENTS / PT RESPONSE |
|------|---|---|---|-----|-------|-------------------------|------|-------|------|-------|------------------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

MENTAL STATUS:

ALERT
ORIENTED
BROWSY
LETHARGIC
DISORIENTED
UNRESPONSIVE
CONFUSED

STIMULUS RESPONSE:

N/A
VERBAL
TOUCH
PAIN
NONE

HAND GRIPS:

N/A
EQUAL
STRONG
WEAK
RIGHT
LEFT

MOVEMENT:

N/A
VOLUNTARY
INVOLUNTARY

PUPIL RESPONSE:

N/A
PERILLA
SLUGGISH
BRISK
NONREACTIVE

MUCUS MEMBRANES:

N/A
MOIST
DRY
SIGN TURGOR:
N/A
NORMAL
DECREASED

SKIN:

WARM
HOT
DRY
COOL
MOIST
COLD
CLAMY

COLOR:

NORMAL
FLUSHED
PALE
JAUNDICE
CYANOTIC
MOTTLED
DUSKY

PULSE:

REGULAR
IRREGULAR
WEAK
ABSENT

RESPIRATION:

ADEQUATE
LABORED
SHORT OF BREATH
HYPERVENTILATING
SHALLOW

BREATH SOUNDS:

N/A
BBS - CLEAR
ADVENTITIOUS
DIMINISHED
ABSENT
LEFT () RIGHT ()

SPEECH:

CLEAR
COHERENT
INCOHERENT
SLURRED
ABUSIVE

COUGH:
PRESENT ()
NOT PRESENT ()
PRODUCTIVE ()
NONPRODUCTIVE ()

SPUTUM:
N/A ()
CLEAR ()
GREEN ()
WHITE ()
YELLOW ()
FROTHY ()
BLOODY ()

PAIN:
N/A ()
NON-RADIATING ()
RADIATING TO ()
RATE PAIN 1 - 10 7

CARDIAC MONITOR:
N/A ()
YES () NO ()
RHYTHM ()

EDEMA:
N/A ()
ABSENT ()
PRESENT ()
PITTING ()
NONPITTING ()
LOCATION ()

ABDOMEN:

N/A ()
SOFT ()
NONTENDER ()
DISTENDED ()
NONDISTENDED ()
RIGID ()
GUARDING ()
REBOUND ()
TENDER ()
RLQ () RUQ () LUQ ()

GI:

N/A ()
NAUSEA ()
VOMITING ()
DIARRHEA ()
BOWEL SOUNDS ()
YES NO ()
LOCATION: ()

GU:

N/A ()
FLANK PAIN ()
LEFT () RIGHT ()
DYSURIA ()
HEMATURIA ()
FREQUENCY ()
URGENCY ()

GYN:

N/A ()
LMP ()
NORMAL YES () NO ()
PREGNANT YES () NO ()
EDC () FHT ()
LOCATION: ()
BIRTH CONTROL: ()

EMOTIONAL ASSESS:

COOPERATIVE ()
COMBATIVE ()
AGITATED ()
HOSTILE ()
ANXIOUS ()
EYE CONTACT: ()
YES () NO ()

LACERATION / ABRASION:

N/A ()
LOCATION ()
SUPERFICIAL ()
DEEP ()
BLEEDING ()
NOT BLEEDING ()
PRESSURE DSG APPLIED ()

ORTHOPEDIC ASSESS:

N/A ()
SWELLING ()
DEFORMITY ()
LOCATION ()
MOVEMENT LIMITED ()
YES () NO ()

PULSE BELOW INJURY ()
YES () NO ()
SPUNTED ()
ELEVATED ()
ICE APPLIED ()

VALUABLES RELEASED TO:

N/A ()
PATIENT ()
PATIENT S/O ()
HOSPITAL SAFE ()

DISPOSITION OF PATIENT:

DISCHARGED ()
HOME ()
NSG HOME ()
M.D. OFFICES ()
MORGUE / CORONER ()
IN CARE OF: SELF () S/O ()
LAW ENFORCEMENT Los Angeles County
AMBULANCE SERVICE ()

ADMIT ()
ROOM ()
TRANSFER ()

REPORT TIME ()
GIVEN TO ()
MEDICAL RECORDS ()
SENT () FAXED ()

CONDITION OF PATIENT ON DISCHARGE:

STABLE ()
UNSTABLE ()
CRITICAL ()

TIME OF DISCHARGE:

1650

PATIENT TEACHING:

D/c instructions provided, reinforced understanding

TB SCREEN (Please write Yes or No)

Do you have or have you ever had TB? () Anyone in your immediate family have TB? ()

Do you have any of the following:

Cough (2 weeks) ()
Night Sweats ()
Lack of Appetite ()

Bloody Sputum ()
Weight Loss ()
Fever ()

ADDITIONAL OBSERVATIONS:

1545- taken to G Idd SURN
1600- Dr. M. Goldhagen in. to exam pt. SURN
1605- taken to X-ray via WC. SURN
1610- returned from X-ray SURN
1650- 2 ankle padded and wrapped E ace wraps. D/c instructions provided. SURN

| SIGNATURE OF NURSE | INITIAL | TITLE | SIGNATURE OF NURSE | INITIAL | TITLE |
|--------------------|---------|-------|--------------------|---------|-------|
| J. Lankford | SL | RN | | | |

RUSSELL MEDICAL CENTER
P.O. BOX 999
ALEXANDER CITY, AL 35010

TRANSCRIPTION REPORT

NAME: KELLEY, DANIEL B.
PHYS: Goldhagen, Michele
DOB: 06/17/1971 AGE: 32 SEX : M
ACCT: V010451557 LOC: ER
EXAM DATE: 11/26/2003 STATUS: DEP ER
RAD #: 00087374 UNIT #: M0124352

| EXAM # | TYPE | EXAM | RESULT |
|-----------|------|-----------------------|--------|
| 000456794 | RAD | / RIGHT ANKLE 4 VIEWS | |

KELLEY, DANIEL B.

RIGHT ANKLE 4 VIEWS

CLINICAL INDICATION: Injury, evaluate for fracture.

FINDINGS: No fracture or dislocation seen. The ankle mortise appears symmetric. No focal soft tissue abnormality identified. The joint spaces are preserved.

IMPRESSION:

No evidence of acute right ankle injury.

** REPORT SIGNATURE ON FILE 11/26/2003 **
Reported By: ROSS BARNETT, MD
Signed By: BARNETT, ROSS MD

Transcribed Date/Time: 11/26/2003 1648
Transcriptionist: RAD.RD

Technologist: YANDA M. LLOYD, RT (R) (CT) (M)
Printed Date/Time: 12/08/2003 10:08
CC: Michele Goldhagen

Consent to Hospital Care And Treatment
Russell Medical Center
Alexander City, Alabama 35010

CONSENT FOR TREATMENT

I understand that while a patient in this hospital, inpatient, or outpatient, I will receive care and treatment administered by Russell Medical Center and its authorized representatives. Consent is given for any examination, care or treatment, deemed advisable and/or appropriate by my physician or by authorized representatives of Russell Medical Center.

The undersigned and/or the patient certifies that he/she has read the foregoing and accepts its terms

[Signature]
(Patient's Signature)

[Signature]
(Witness)

11-26-03
(Date)

1533
(Time)

The above patient is less than 14 years of age or unable to sign for the following reason:

The above consent is given on the patient's behalf.

(Patient's Representative)

(Relationship)

(Witness)

(Date)

(Time)

PRIVACY STATEMENT ACKNOWLEDGEMENT

☒ I have received a copy of the Russell Medical Center Notice of Privacy Practices.

☐ I have declined to receive a copy of this notice.

[Signature]
(Patient or Patient Representative Signature)

[Signature]
(Witness)

REVISED: 12/11/02

KEYMK901

RUSSELL MEDICAL CENTER
FINANCIAL AGREEMENT

FINANCIAL RESPONSIBILITY

I understand that I am responsible for any unpaid balance due the hospital, other physicians and health care providers. Should the account be referred to any attorney for collection, the undersigned shall pay reasonable attorney's fees, court cost and collection expenses. These additional costs will be added to the account balance.

If your insurance carrier requires pre-certification for your services, it is ultimately the patient's responsibility to ensure that proper pre-certification is obtained. If the claim is denied in part or full, the guarantor will be financially responsible.

I understand that any unpaid balance is due in full upon receipt of the initial statement unless other arrangements have been made with the business office.

RELEASE OF INFORMATION/ASSIGNMENT OF BENEFITS

I authorize the release of information from my medical record as is required by my insurance carrier or government agency to process my claim for benefits. I authorize the release of necessary information to other physicians and health care providers concerned in my treatment. I also authorize responsible third parties to pay directly to the hospital, other physicians and health care providers.

PERSONAL VALUABLES

This is to certify that I have been made aware that Russell Medical Center provides facilities for the safe keeping of my valuables, and that I release Russell Medical Center from any responsibility due to loss or damage of my clothing, watch, jewelry, dentures or other valuables that I may keep in my possession.

The undersigned and/or the patient certifies that he/she has read the foregoing and agrees and accepts its terms.

Patient's Signature

(Witness)

Date

TIME

The above patient is unable to sign because: _____
or is an unemancipated minor. _____ years of age. Therefore, the above consent is given on the patient's behalf.

Closest Relative or Guardian's Signature

Witness

Date

Time

KEYMK544

MEDICAL RECORDS

1
FINAL

KELLEY,DANIEL B. V010451557 11/26/03 11/26/03 12/02/03

KELLEY,DANIEL B. MEDICARE 420256528A
25 TURNPIPE ROAD MEDICAID 420256528
SYLACAUGA AL 35150

| | | | | |
|----------|----------|-------------------------|---|--------|
| 11/26/03 | 33100181 | LEVEL 2 | 1 | 67.00 |
| 11/26/03 | 40401614 | ANKLE - RIGHT (4 VIEWS) | 1 | 112.75 |
| 11/26/03 | 33203969 | ER PHYS LEVEL II | 1 | 130.00 |

*** SUMMARY BY SERVICE ***

| | | |
|-------------------------|---|--------|
| RADIOLOGY | 1 | 112.75 |
| EMERGENCY ROOM | 2 | 197.00 |
| ESTIMATED INSURANCE DUE | | |
| MEDICARE | | 309.75 |

V010451557

309.75
0.00
309.75
309.75
0.00